

Confidentiality Agreement

participation during this <i>Ride-A-Long</i> may give me the opportunity to see or hear information of a sensitive or confidential nature. With this in mind, I will respect the privacy concerns of those I come into contact with along with information I may learn during this <i>Ride-A-Long</i> . I will not divulge information learned during this <i>Ride-A-Long</i> . I additionally understand information that I may view or hear could be vital to the overall investigation. Therefore, I agree that I will not discuss or divulge names, locations, or specific elements of any investigation I may be privy to during the course of this <i>Ride-A-Long</i> . I understand and acknowledge that failure to abide by this confidentiality agreement may subject me to legal action. I understand that during the course of this <i>Ride-A-Long</i> , I may observe activity that could be of evidentiary value. I may be utilized as a witness to an incident and my testimony may be needed during a civil or criminal proceeding. My signature below affirms that I have read and understand the contents of this confidentiality agreement. Print Name Date	I,	acknowledge my
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Signature Date	Print Name	
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	Signature	Date

Bend Police Department

555 NE 15th Street, Bend, OR 97701 (541) 322-2960 (Tel) (541) 322-2998 (Fax)